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Facsimile Transmittal

To: Examiner Salad E. Abdullahi
Art Unit: 2157

Fax: (571) 273-8300

From: Patrick J.S. Inouye *PSJ*

Date: November 25, 2005

Re: U.S. Patent Application
Serial No. 09/717,298

Pages: 9 (including cover sheet)

CC:

☐ Urgent

☐ For Review

☐ Please Comment

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Notes: Regarding the above-identified U.S. Patent Application, please find attached hereto:

- USPTO Transmittal Form
- Request for Continued Examination
- USPTO Fee Transmittal
- Request for Continued Examination Filing fee: \$790.00
- Authorization to charge Deposit Account No.: 24-0037
- Response to Final Office Action

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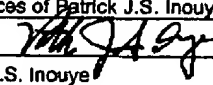
PTO/SB/21 (09-04)

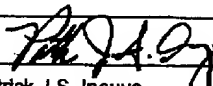
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/717,298
	Filing Date	November 22, 2000
	First Named Inventor	Wang Baldonado
	Art Unit	2157
	Examiner Name	Salad E. Abdullahi
Total Number of Pages in This Submission	Attorney Docket Number	D/A0835

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Facsimile Cover Sheet
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Offices of Patrick J.S. Inouye	
Signature		
Printed name	Patrick J.S. Inouye	
Date	November 25, 2005	Reg. No. 40,297

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Patrick J.S. Inouye	Date November 25, 2005

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	09/717,298
		Filing Date	11/22/2000
		First Named Inventor	Wang Baldonado
		Examiner Name	Salad E. Abdulfahl
		Art Unit	2157
TOTAL AMOUNT OF PAYMENT (\$) 790.00		Attorney Docket No.	D/A0835

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$50.00	= \$ 0.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$200.00	= \$ 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x \$250.00	= \$ 0.00	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination: \$790.00

790.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40297	Telephone	(206) 381-3900
Name (Print/Type)	Patrick J.S. Inoue	Date	November 25, 2005		

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